



SERVICE-SPECIFIC REVENUES AND EXPENSES

Historical Financial Data for Latest Three Years plus Projections Through Three Years Beyond Project Completion

(Use an individual form for each affected service with a sufficient number of copies of this form to cover entire period, and fill in the years in the appropriate blanks.)

Year

Amount of Utilization:*

Revenue:

Average Charge** _____

Gross Revenue _____

Revenue Deductions _____

 Operating Revenue **_____**

 Other Revenue _____

TOTAL REVENUE **_____**

Expenses:

Direct Expense

 Salaries _____

 Fees _____

 Supplies _____

 Other _____

TOTAL DIRECT **_____**

Indirect Expense

 Depreciation _____

 Interest*** _____

 Overhead**** _____

TOTAL INDIRECT **_____**

TOTAL EXPENSE **_____**

NET INCOME (LOSS): **_____**

* Utilization will be measured in "patient days" in nursing home or hospital beds, "procedures" for equipment, or other appropriate units of measure specific to the service affected.

** Indicate how the average charge/procedure was calculated.

***Only on long term debt, not construction.

**** Indicate how overhead was calculated.